

#5/a  
S. Cotton  
10/27/03  
FOR

## In Re Application of

Vassilovski and Tong

**Serial No. 09/698,526**

**Filed: October 26, 2000**

**For: METHOD AND APPARATUS FOR  
CONFIGURATION  
MANAGEMENT FOR A  
COMPUTING DEVICE**

**) Group No. 2124**

**RECEIVED**

OCT 21 2003

Technology Center 2100

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated July 7, 2003, please amend the above-identified application as follows:

I hereby certify that this correspondence is, on the date shown below, being:

**FACSIMILE**

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Stacy Dumrauf  
(type or print name)

Date: October 7, 2003

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: \_\_\_\_\_  
(type or print name)

**Signature:**

10/13/2003 WBIZINES 00000103 170026 09698526

91. 542204 430.00 DA

## AMENDMENT TRANSMITTAL FORM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450Customer No.: 23696  
Attorney Docket No.: 990301  
In Re Application of: Vassilovski and Tong  
Serial Number: 09/698,526  
Filed: October 26, 2000  
Examiner: Matthew P. Gubiotti  
Group Art Unit: 2124

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Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application. Technology Center 2100

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	20	20	0	x \$18 =	\$0
Independent**	8	3	5	x \$86 =	\$430
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$0
EXTENSION FEES				<input type="checkbox"/> One Month	\$110
				<input type="checkbox"/> Two Months	\$420
				<input type="checkbox"/> Three Months	\$950
TERMINAL DISCLAIMER				\$110	\$0
				TOTAL FEE	\$430

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$430.  
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: October 7, 2003

Signature: Abdollah KatbabAbdollah Katbab, Reg. No. 45,325  
(858) 651-4132QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Depositor's Name: Stacy Dumrauf  
(type or print name)Date: October 7, 2003

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- ☐
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Depositor's Name: \_\_\_\_\_  
(type or print name)Signature: Stacy Dumrauf